

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		Case 1:23-cv-00848-ADA-CDB Document 63 Filed 09/21/23 Page 1 of 1		FOR COURT USE ONLY					
TRANSCRIPT ORDER						DUE DATE:					
PLEASE Read Instruction Page (attached):											
1. YOUR NAME Daniel M. Ortner		2. EMAIL maia.walker@thefire.org		3. PHONE NUMBER 215-717-3473		4. DATE 9/21/2023					
5. MAILING ADDRESS FIRE, 510 Walnut St., Ste 1250				6. CITY Philadelphia		7. STATE PA	8. ZIP CODE 19106				
9. CASE NUMBER 1:23-cv-00848		10. JUDGE Hon. Christopher D. Baker		DATES OF PROCEEDINGS							
				11. FROM 9/7/2023		12. TO 9/7/2023					
13. CASE NAME				LOCATION OF PROCEEDINGS							
				14. CITY Bakersfield		15. STATE California					
16. ORDER FOR											
<input type="checkbox"/> APPEAL No.		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY					
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.											
TRIAL		DATE(S)		REPORTER		HEARINGS		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)					
<input type="checkbox"/> JURY SELECTION						Hearing on Motion for Preliminary Injunction		9/7/2023		ECRO	
<input type="checkbox"/> OPENING STATEMENTS											
<input type="checkbox"/> CLOSING ARGUMENTS											
<input type="checkbox"/> JURY INSTRUCTIONS											
18. ORDER (Grey Area for Court Reporter Use)											
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE				COSTS			
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
DAILY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1								
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES								
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>									
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL							
19. SIGNATURE /s/ Daniel M. Ortner				PROCESSED BY							
20. DATE 9/22/2023				PHONE NUMBER							
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS							
ORDER RECEIVED		DATE	BY								
DEPOSIT PAID				DEPOSIT PAID							
TRANSCRIPT ORDERED				TOTAL CHARGES							
TRANSCRIPT RECEIVED				LESS DEPOSIT							
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED							
PARTY RECEIVED TRANSCRIPT				TOTAL DUE							